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EXPRESS MAIL CERTIFICATE

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I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents, Washington, DC 20231 by "Express Mail Post Office t

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PATENT TRADEMARK OFFICE

Docket No: 2640/1G822-US1

DARBY & DARBY P.C.

805 Third Avenue New York, New York 10022 212-527-7700

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors):

Kenneth S. KRAMER; Eitan T. WIENER; William T. DONOFRIO; Kevin HOUSER; Foster B. STULEN

<u>Title</u>: METHOD FOR CALCULATING TRANSDUCER CAPACITANCE TO DETERMINE TRANSDUCER TEMPERATURE

including the items indicated:

- 1. Specification and <u>32</u> claims: <u>1</u> indep.; <u>31</u> dep.; _ multiple dep.; including <u>21</u> page(s) of written description; <u>9</u> page(s) of claims; <u>1</u> page(s) of abstract.
- 2. [X] Drawings, 11 sheets (Figs. 1-9)
- 3. [X] Executed Declaration/Power of Attorney

- [] Unexecuted Declaration/Power of Attorney
- 4. [X] Information Disclosure Statement

[X] Assignment for recording to: Ethicon Endo-Surgery, Inc.

[] Assignment was recorded at Reel No., Frame No., on .

[] Pursuant to 37 C.F.R. §1.215(b), please print the following assignment information on the face of the published application:

Assignee:

6. [X] Priority is claimed under 35 U.S.C. §119(e) of:

Number:

60/241,891

Date:

October 20, 2000

- 7. [] Request and Certification under 35 U.S.C. §122(b)(2)(B)(i) for Nonpublication.
- 8. [X] Payment in amount of \$996.00, (\$956 filing; \$40 recording)

in the form of

[X] check

[] deposit account no. 04-0100

[] credit card (see attached form)

(See attached Fee Computation Sheet)

Date: October 10, 2001

Respectfully submitted,

Alphonso A. Collins

Reg. No. 43,559

Attorney for Applicant(s)

Docket No.: 2640/1G822

PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate
Basic Fee				\$740.00
Total Claims	32 - 20	- 0 = 12	x \$18.00	\$216.00
Independent Claims	1 - 3	- O = O	x \$84.00	\$0.00
Multiple Depende	ent Claims	- if so, add	\$280.00	\$0.00
Surcharge for late submission of filing fee and/or declaration (\$130.00)				
[] Small Entity REDUCTION (Half of Subtotal)				. \$0.00
Fee for recordation of assignment (\$40.00)				. \$40.00
Charge for filing non-English language application (\$130.00)				. \$0.00
-TOTAL				. \$996.00